



**Department of Finance & Administration**  
**Office of State Procurement**  
***DELIVERY ADDRESS MAINTENANCE - FORM FI0020***

☐ NEW

☐ CHANGE

☐ DELETE

***Basic Information***

Effective Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Name: \_\_\_\_\_  
Business Area: \_\_\_\_\_  
Delivery Address: ☐ Invoice Address: ☐

***Street Address***

Street/House Number: \_\_\_\_\_  
Postal Code (Zip): \_\_\_\_\_  
City: \_\_\_\_\_  
Country: USA  
Region: AR  
Time Zone: CST

***Agency Contact Information***

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

***OSP Use Only***

Delivery Address Created: ☐ Yes ☐ No  
Date Created: \_\_\_\_\_  
Created By: \_\_\_\_\_  
Date Requester Notified: \_\_\_\_\_

***Please Remit Form to:***

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